



pennsylvania

DEPARTMENT OF HUMAN SERVICES
OFFICE OF MENTAL HEALTH AND
SUBSTANCE ABUSE SERVICES



Pennsylvania State Hospital Risk Management Summary and Indicator Report
September 2019

Prepared by:
Christina Sterner, M.S. CPIE
Wernersville State Hospital
E-Mail: csterner@pa.gov
Contributors:
SMH CPIEs & PI Staff
Valerie Minnich, RPh
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Introduction

The State Hospital Risk Management System defines an incident as any patient-related event that has the potential for, or which results in, a negative impact upon the quality of patient care or services, including injury or death of a person served in the state hospital system. Past reports can be found on the DHS website using the following link.

<http://www.dhs.pa.gov/publications/forproviders/statehospitalriskmanagementsummaryreports/>

The data dictionary for the measurement system was updated on October 1, 2008, and is available for review as attachments to OMHSAS Bulletin titled Management of Incidents: SI-815 Incident Reporting and Risk Management Policy and Procedural Change. (Available via bulletin search at <http://www.dhs.pa.gov/> .)

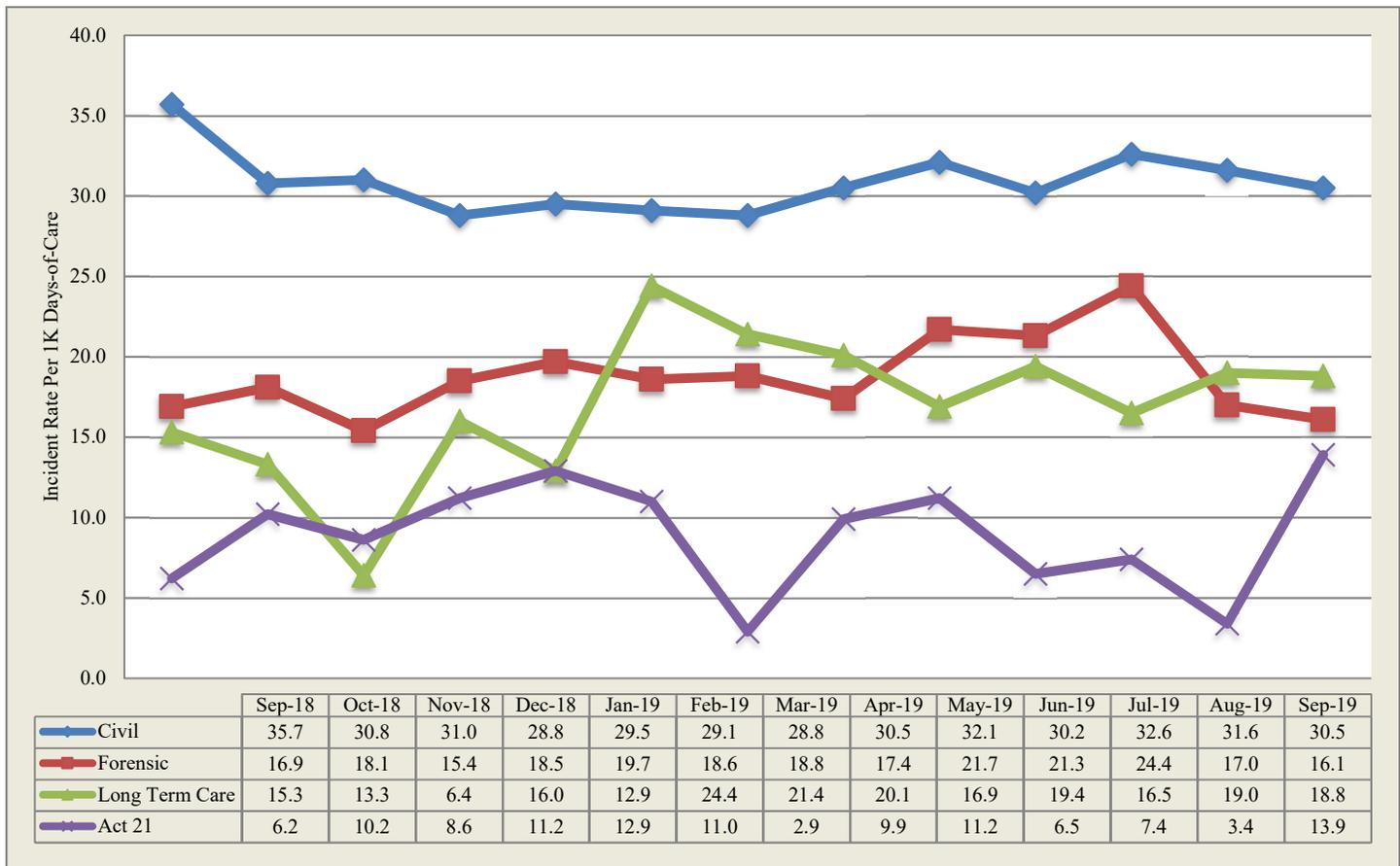
Table of Contents		
Indicator/Measure	Table	Page
Risk Management Indicators		
Census and Rates of Incidents	1	3
Thirteen-Month Trend of Incidents		3
Six-Month Summary of Selected Events		4
Category or Cause of Incidents: Civil	2	5
Primary Effect of Incidents: Civil	3	6
Category or Cause of Incidents: Forensic	4	7
Effect of Incidents: Forensic	5	7
Cause of Incidents: Long Term Care	6	8
Effect of Incidents: Long Term Care	7	8
Cause of Incidents: SRTP	8	9
Effect of Incidents: SRTP	9	9
13-Month Rate of Type 1 Falls per 1,000 Days of Care	10	10
13-Month Trend of Type 1 Falls		10
Hours of Seclusion Use	11	11
Number of Seclusion Events	12	11
Total Hours of Mechanical Restraint by Unit	13	11
Hours of Mechanical Restraint Use: 12 Months	14	11
Number of Mechanical Restraint Events: 12 Months	15	11
Hours of Physical Restraint Use by Unit	16	12
Hours of Physical Restraint Use: 12 Months	17	12
Number of Physical Restraint Events: 12 Months	18	12
24-Month Trend of Restraint and Seclusion Hours		13
Patient-to-Patient Assaults by Unit	19	14
13-Month Rate of Patient-to-Patient Assault Events with Injury per 1,000 Days-of-Care	20	14
Patient-to-Staff Assaults by Unit	21	15
13-Month Rate of Patient-to-Staff Assaults with Injury to Staff per 1,000 Days-of-Care	22	15
Risk Adjusted Table of Selected Safety Indicators	23	16
Wellness Indicators		
Tobacco Users	24	17
Reasons for Hospitalization as a Result of an Incident	25	17
Medication Use Indicators		
Benzodiazepines	26	18
Multiple Atypicals	27	18
Typical-Atypical	28	18
STAT Medication Usage		
Civil	29	19
Forensic	30	20
ACT 21 (SRTP)	31	20

During **September 2019**, a total of **1137** incident reports were completed by the state hospital system. Additional records addressing specific categories from the previous month were included on page 4 of this report. The following is a breakdown of incidents by individual facility and type of care:

Table 1 - Number of Incident Reports

	Census 9/30/2019	Days Provided	Incidents	Per 1000 Days-of-Care
Clarks Summit	145	4360	51	11.7
Danville	158	4740	245	51.7
Norristown	119	3357	87	25.9
Torrance	144	4284	92	21.5
Warren	142	4251	185	43.5
Wernersville	255	7624	213	27.9
Total Civil	963	28616	873	30.5
Forensic				
Norristown	246	7169	142	19.8
Torrance	102	3009	22	7.3
Total Forensic	348	10178	164	16.1
Act 21				
Act 21	60	1725	24	13.9
Total Act 21	60	1725	24	13.9
Long Term Care				
South Mountain	136	4040	76	18.8
Total L. T. C.	136	4040	76	18.8
Total	1507	44559	1137	25.5

Thirteen-Month Trend of Incidents by Type of Care per 1,000 Days of Care



*Note: Rules regarding the reporting of incidents involving patient-to-patient assaults require a separate incident report form on each person involved in an altercation. This includes both the aggressor, when known and any other person involved. The numbers reported above reflect the monthly, total number of SI-815 reports coded as Patient-to-Patient Assaults and not the actual number of altercations.

The following table is refreshed each month from the most recent data (recent 6 month period) available from the State Hospital System RM database.

CATEGORY	Count	Apr_19	May_19	Jun_19	Jul_19	Aug_19	Sep_19
Accident-Injury	288	57	47	31	50	39	64
Adverse Drug Reaction	2	1					1
Aggression	1166	189	181	189	228	196	183
Airway Obstruction type 1 Intervention	16	4	3	3		3	3
Airway Obstruction type 2 No Intervention	9		3	3	1	1	1
Alleged Nonconsensual Sexual Activity	6	3	2			1	
Alleged Pt. Abuse	70	11	6	13	15	16	9
Assault, Pt./Pt	1923	277	384	286	368	304	304
Assault, Pt./Staff	463	74	80	71	78	82	78
Assault: Patient/Other	1					1	
AWOL/UA	50	6	8	8	13	10	5
AWOL-Attempt	37	6	6	6	6	9	4
AWOL-Late	78	4	18	10	12	15	19
Change in Medical Status-Stabilized	48	3	5	10	8	10	12
Change in Medical Status-Transferred	323	50	67	58	57	45	46
Charged post admit/crime committed prior to	3	1	2				
Communications Sys. Misuse	39	9	5	7	11	2	5
Community Incident	10	2	1	1	1	3	2
Contraband Possession	139	21	20	28	29	15	26
Fall Type 1-Injury with treatment	294	55	42	51	47	60	39
Fall Type 2-No treatment needed	749	129	111	126	141	132	110
Family Concern	8	1	2	2		3	
Illicit Substance Use/Possession	1			1			
Indeterminate/Unconfirmed Cause of Injury	113	19	18	19	28	14	15
Medication Error	104	22	18	15	13	25	11
Missing Property	32	5	6	5	6	6	4
Other	444	83	79	69	66	79	68
Procedural Treatment Error	26	5	6	5	1	6	3
Property Damage	92	11	26	19	13	14	9
Seizure	52	7	4	8	7	12	14
Self-Injurious behavior	711	97	135	139	115	120	105
Sexual Behavior	48	9	9	10	3	11	6
Smoking Violation	59	8	3	14	13	12	9
Substantiated Patient Abuse	2		1		1		
Suicide Attempt	9	3	1		2	1	2
Suicide threat/plan	24	3	4	3	6	3	5
Theft	15	1	1	1	9	3	
Unknown	1						1
Unsubstantiated Nonconsensual Sexual Activity	9	1		3	3	1	1
Unsubstantiated Patient Abuse	7	2	1	1	1	2	

Table 2 - Category or Cause of Incidents in the Civil Hospitals

Primary Cat #	CLA	DAN	NOR	TOR	WAR	WER	Count
Accident-Injury	2	6	0	2	6	9	25
Adverse Drug Reaction	0	0	0	0	0	1	1
Aggression	9	18	2	24	51	40	144
Airway Obstruction type 1 Intervention	1	0	0	1	0	1	3
Airway Obstruction type 2 No Intervention	0	0	0	0	1	0	1
Alleged Pt. Abuse	1	0	0	0	0	6	7
Assault, Pt./Pt	10	72	58	9	22	28	199
Assault, Pt./Staff	4	35	5	1	13	8	66
AWOL/UA	0	1	0	2	0	2	5
AWOL-Attempt	0	2	0	0	1	1	4
AWOL-Late	0	4	0	1	12	2	19
Change in Medical Status-Stabilized	1	1	2	3	1	1	9
Change in Medical Status-Transferred	2	4	3	2	7	15	33
Communications Sys. Misuse	2	0	2	0	1	0	5
Community Incident	0	1	1	0	0	0	2
Contraband Possession	0	15	1	0	7	0	23
Fall Type 1-Injury with treatment	3	2	2	5	0	14	26
Fall Type 2-No treatment needed	9	30	4	5	19	21	88
Indeterminate/Unconfirmed Cause of Injury	0	2	0	7	1	5	15
Medication Error	0	3	0	1	0	0	4
Missing Property	2	1	0	0	0	1	4
Other	0	18	2	9	3	27	59
Procedural Treatment Error	0	0	0	0	0	1	1
Property Damage	0	0	1	1	0	1	3
Seizure	1	1	0	0	2	4	8
Self-Injurious behavior	3	26	2	17	36	16	100
Sexual Behavior	0	0	0	2	0	2	4
Smoking Violation	0	0	2	0	1	6	9
Suicide Attempt	0	2	0	0	0	0	2
Suicide threat/plan	1	0	0	0	0	1	2
Unknown	0	1	0	0	0	0	1
Unsubstantiated Nonconsensual Sexual Activity	0	0	0	0	1	0	1
Totals	51	245	87	92	185	213	873

Table 3 - Primary Effect of Incidents in the Civil Hospitals

Primary effect	CLA	DAN	NOR	TOR	WAR	WER	Count
Unknown	0	1	0	0	0	1	2
Abrasion/scrape/scratch/hematoma	5	10	8	17	22	21	83
Bite-Human	1	0	0	0	0	0	1
Bite-Insect	1	0	0	0	0	0	1
Body System Illness	0	5	1	2	3	2	13
Bruise/contusion/discoloration	2	2	0	6	4	5	19
Edema/swelling	0	3	2	0	3	2	10
Emesis	1	1	0	1	0	1	4
Epistaxis	0	0	0	1	0	0	1
Erythema/redness	0	2	5	2	6	3	18
Fever	0	0	0	0	0	2	2
Hearing changes	0	0	0	1	0	0	1
Ingestion of foreign body	0	4	0	1	4	2	11
Knife or stab wound	1	0	0	0	0	0	1
Laceration: NO sutures/staples/steri-strips	2	2	2	3	0	3	12
Laceration: with steristrips/glue	0	0	0	1	0	0	1
Laceration: with sutures/staples	0	0	1	0	0	0	1
Lethargy	0	2	1	0	1	4	8
Muscle pull/strain/sprain	0	2	0	0	0	1	3
No Injury/NA	33	196	53	54	135	147	618
Other	0	3	1	2	1	6	13
Pain unspecified	0	1	4	0	1	0	6
Pain, Specified	3	7	7	0	5	10	32
Puncture/stab wound	0	1	0	0	0	0	1
Respiratory Distress	0	1	1	0	0	1	3
Seizure	0	1	0	0	0	2	3
Skin Irritation/Rash	0	0	0	1	0	0	1
Sunburn	0	1	0	0	0	0	1
Syncopal episode	1	0	0	0	0	0	1
Unconscious/Unresponsive	1	0	1	0	0	0	2
Totals	51	245	87	92	185	213	873

Table 4 - Cause of Incidents in the Forensic Units Category or Cause of Incidents in the Forensic Service by Unit

Primary Cat #	NSH									TSH					Sys
	51A1	51A2	51B1	51B2	51C1	51C2	10D1	10E1	Total	FB3	FB4	FC1	FC2	Total	Count
Accident-Injury			1					1	2					0	2
Aggression	6	1		6	5	1	1	2	22	3	3	1		7	29
Alleged Pt. Abuse		1							1					0	1
Assault, Pt./Pt	8	30	4	12	4	12	8	2	80	2	3		2	7	87
Assault, Pt./Staff	2	3		1	1				7	2				2	9
Change in Medical Status-Stabilized		1					1		2					0	2
Change in Medical Status-Transferred			1				1	2	4	1			1	2	6
Fall Type 1-Injury with treatment					1			2	3		1			1	4
Fall Type 2-No treatment needed					1			6	7	1	1			2	9
Medication Error				1	2				3					0	3
Other	1								1	1				1	2
Property Damage	2								2					0	2
Seizure					2				2					0	2
Self-Injurious behavior					3	1			4					0	4
Sexual Behavior			1						1					0	1
Suicide threat/plan				1					1					0	1
Totals	19	36	7	21	19	15	10	15	142	10	8	1	3	22	164

Table 5 - Effect of Incidents in the Forensic Service by Unit

EFFECT	NSH									TSH					Sys
	51A1	51A2	51B1	51C1	51C2	51B2	10D1	10E1	Total	FB3	FB4	FC1	FC2	Total	Count
Abrasion/scrape/scratch/hematoma	3	1			2			2	8	2				2	10
Bite-Insect	1								1					0	1
Body System Illness									0	1			1	2	2
Bruise/contusion/discoloration				1	1				2	1				1	3
Edema/swelling							1	1	2					0	2
Epistaxis	1								1					0	1
Erythema/redness								1	1				2	2	3
Fever							1		1					0	1
Laceration: NO sutures/staples/steri-strips		1		1	4				6					0	6
Laceration: with sutures/staples							1		1					0	1
No Injury/NA	14	31	5	14	6	20	7	10	107	5	7	1		13	120
Other					1				1	1				1	2
Pain, Specified		2	1	2	1	1			7		1			1	8
Respiratory Distress			1						1					0	1
Seizure				1					1					0	1
Syncopal episode		1						1	2					0	2
Totals	19	36	7	19	15	21	10	15	142	10	8	1	3	22	164

Table 6 -Cause of Incidents in the Long Term Care Facility

Cause	3A	3B	5A	6A	6B	Count
Accident-Injury	1	8	3	3	10	25
Aggression			2			2
Alleged Pt. Abuse				1		1
Assault, Pt./Pt	1	1	2			4
Assault, Pt./Staff	1				1	2
Change in Medical Status-Transferred	3	1	1	1	1	7
Contraband Possession			2		1	3
Fall Type 1-Injury with treatment	2	2	2		1	7
Fall Type 2-No treatment needed	1	2	7	1		11
Medication Error	1	2			1	4
Other	1		2	1	1	5
Procedural Treatment Error			1	1		2
Property Damage		1	1		1	3
Totals	11	17	23	8	17	76

Table 7 - Effect of Incidents in the Long Term Care Facility

EFFECT	3A	3B	5A	6A	6B	Count
Unknown			1			1
Abrasion/scrape/scratch/hematoma	1	5	1	2	2	11
Blister		1				1
Bruise/contusion/discoloration	1	1	4	2	8	16
Death			1	1		2
Edema/swelling		1				1
Lethargy	3		1	1		5
No Injury/NA	6	7	15	2	6	36
Other		1			1	2
Respiratory Distress		1				1
Totals	11	17	23	8	17	76

Act-21-Sexual Responsibility & Treatment Program at Torrance State Hospital

In July 2003, the Pennsylvania Legislature enacted Act 21 for adjudicated youth, aging out of the juvenile justice system who have a "mental abnormality" that renders them unable to control their violent sexual impulses. The Act mandates the state to provide mental health and sex-offense specific treatment to an identified population that had been adjudicated of certain sex crimes, received treatment in a juvenile program, yet remains a significant risk to sexually re-offend after reaching the age of 21, an age when oversight by the juvenile justice system typically ends. The Act requires the referral of such individuals who have committed these specific crimes to the Pennsylvania Sexual Offenders Assessment Board (SOAB) ninety days prior to their 20th birthday for purposes of determining if the individual has "serious difficulty in controlling sexually violent behavior." If so determined, a petition for a mental health hearing will be made for determination of civil commitment to the Sexual Responsibility and Treatment Program (SRTP) on the grounds of Torrance State Hospital. On July 1, 2006, the operation of this program transferred from an independent contractor to the Torrance State Hospital.

Table 8 - Cause of Incidents in the Sexual Responsibility and Treatment Program

Cause	TOR	Count
Accident-Injury	9	9
Aggression	4	4
Change in Medical Status-Stabilized	1	1
Fall Type 1-Injury with treatment	2	2
Fall Type 2-No treatment needed	1	1
Other	1	1
Seizure	2	2
Self-Injurious behavior	1	1
Sexual Behavior	1	1
Suicide threat/plan	2	2
Totals	24	24

Table 9 - Effect of Incidents in the Sexual Responsibility and Treatment Program

Primary effect	TOR	Count
Abrasion/scrape/scratch/hematoma	1	1
Bite-Human	1	1
Bruise/contusion/discoloration	2	2
Edema/swelling	2	2
Erythema/redness	2	2
Laceration: with steristrips/glue	1	1
No Injury/NA	10	10
Other	1	1
Pain, Specified	4	4
Totals	24	24

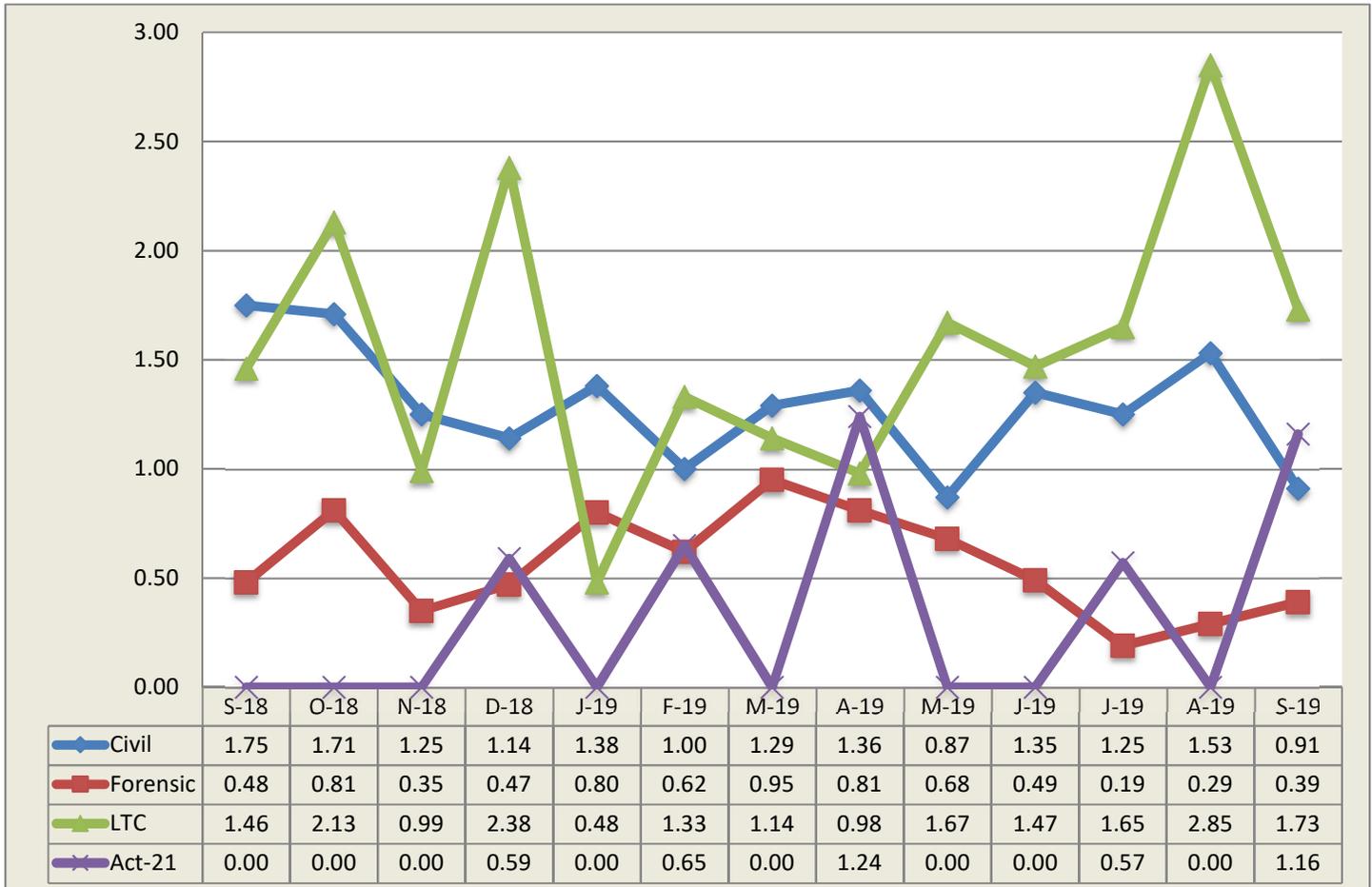
Falls

Falls within the state hospital risk management system are divided into two categories, type 1 and type 2, with the need for medical intervention or lack thereof defining the difference. The following data relates to falls, type 1 which are defined as an involuntary descent to a lower position, excluding seizures, that is witnessed or reported and requires medical intervention.

Table 10 - 13-Month Rate of Type 1 Falls Per 1,000 Days-of-Care

M/Year	Civil Hospital							Forensic			A21	LTC	Sys Avg
	Cl	Dan	Nor	Tor	War	Wer	Ttl	Nor	Tor	Total	A21	SMRC	
Sep-18	1.55	0.64	1.62	3.30	0.94	2.17	1.75	0.55	0.34	0.48	0.00	1.46	1.41
Oct-18	1.14	1.84	0.00	3.02	0.93	2.36	1.71	0.54	1.32	0.81	0.00	2.13	1.51
Nov-18	1.39	0.42	1.31	2.02	1.46	1.09	1.25	0.55	0.00	0.35	0.00	0.99	1.00
Dec-18	1.15	0.41	1.59	1.92	0.46	1.31	1.14	0.72	0.00	0.47	0.59	2.38	1.10
Jan-19	1.58	0.82	2.53	1.50	1.13	1.18	1.38	1.05	0.33	0.80	0.00	0.48	1.12
Feb-19	1.35	0.00	1.76	2.19	0.46	0.73	1.00	0.92	0.00	0.62	0.65	1.33	0.94
Mar-19	1.85	1.22	1.60	1.13	0.66	1.30	1.29	1.22	0.34	0.95	0.00	1.14	1.15
Apr-19	1.95	0.42	1.31	2.31	1.39	1.06	1.36	0.58	1.36	0.81	1.24	0.98	1.20
May-19	1.67	0.20	0.92	0.67	0.91	0.88	0.87	0.68	0.66	0.68	0.00	1.67	0.87
Jun-19	2.17	0.42	2.18	2.06	1.19	0.78	1.35	0.28	1.02	0.49	0.00	1.47	1.12
Jul-19	1.28	0.62	1.20	1.10	0.46	2.15	1.25	0.27	0.00	0.19	0.57	1.65	1.02
Aug-19	1.32	0.82	0.90	2.71	0.00	2.53	1.53	0.27	0.33	0.29	0.00	2.85	1.31
Sep-19	0.69	0.42	0.60	1.17	0.00	1.84	0.91	0.42	0.33	0.39	1.16	1.73	0.88

13-Month Trend of Type 1 Falls by Type of Care per 1,000 Days-of-Care



State Hospital Use of Seclusion

Civil and Forensic

Data on seclusion use for psychiatric reasons includes the civil and forensic populations and is reported for both monthly and yearly totals.

Table 11 - Hours of Seclusion Use, Monthly Totals for Past Year

No Use of Seclusion in PA State Hospital system since July 2013

Table 12 - Number of Seclusion Events, Monthly Totals for Past Year

No Use of Seclusion in PA State Hospital system since July 2013

State Hospital Use of Mechanical Restraint

Civil and Forensic

Data on mechanical restraint use for psychiatric reasons includes the forensic and civil populations and is reported for both monthly and yearly totals.

Table 13 - Total Hours of Mechanical Restraint Use by Hospital and Unit In Month

No use of Mechanical Restraint in PA State Hospital system since September 2015

Table 14 - Hours of Mechanical Restraint Use, Monthly Totals for Past Year

No use of Mechanical Restraint in PA State Hospital system since September 2015

Table 15 - Number of Mechanical Restraint Events, Monthly Totals for Past Year

No use of Mechanical Restraint in PA State Hospital system since September 2015

State Hospital Use of Physical Holds

Data on physical holds use for psychiatric reasons includes all level of care populations and is reported for both monthly and yearly totals. Physical hold events lasting less than 60 seconds are reflected as 0.00 hours.

Table 16 - Hours of Physical Holds (Restraint) Used by Hospital & Unit

ABV	WARD	Total
DAN	311	0.53
NOR	51A1	0.28
DAN	312	0.20
NOR	01C2	0.17
TOR	FC1	0.13
TOR	024	0.10
NOR	51C1	0.09
DAN	212	0.09

ABV	WARD	Total
CLA	3	0.08
NOR	51B2	0.05
NOR	10E2	0.05
TOR	061	0.05
WER	35-2	0.04
NOR	01C1	0.03
WER	37-1	0.02

ABV	WARD	Total
NOR	51B1	0.02
WER	34-4	0.02
NOR	10D2	0.02
NOR	10D1	0.01
DAN	310	0.01
NOR	10E1	0.004
NOR	51A2	0.003

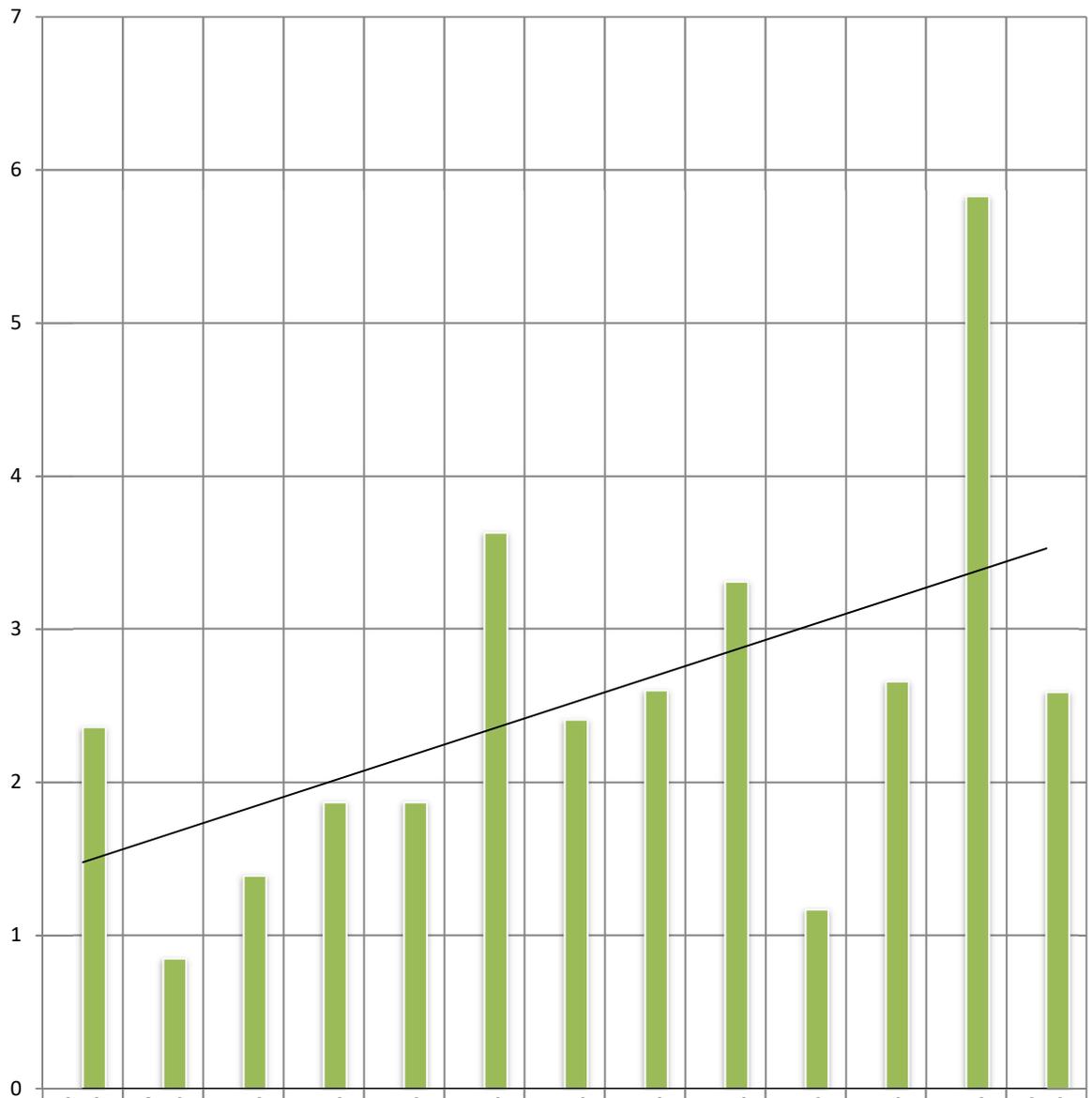
Table 17 - Hours of Physical Holds (Restraint) Use, Monthly Totals for Past Year

ABV	Total	Oct_18	Nov_18	Dec_18	Jan_19	Feb_19	Mar_19	Apr_19	May_19	Jun_19	Jul_19	Aug_19	Sep_19
CLA	5.57	0.67	0.38	0.21	0.88	1.27	0.51	0.46	0.13	0.14	0.63	0.17	0.13
DAN	11.66	0.05	0.25	0.17	0.82	0.93	0.39	0.08	0.18	0.53	1.99	4.94	1.34
NOR	8.64	0.24	0.51	0.52	0.39	0.18	0.54	1.36	1.23	0.95	0.99	1.00	0.72
TOR	9.37	0.10	0.77	0.78	0.43	1.28	0.90	0.92	0.72	1.45	1.10	0.63	0.28
WAR	0.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.35	0.00	0.00	0.00	0.00
WER	3.43	0.13	0.05	0.30	0.45	0.30	0.18	0.27	0.78	0.01	0.30	0.42	0.24
Total	39.01	1.19	1.96	1.99	2.96	3.96	2.51	3.08	3.39	3.08	5.01	7.16	2.72

Table 18 - Number of Physical Holds (Restraint) Events, Monthly Totals for Past Year

ABV	Total	Oct_18	Nov_18	Dec_18	Jan_19	Feb_19	Mar_19	Apr_19	May_19	Jun_19	Jul_19	Aug_19	Sep_19
CLA	87	11	12	4	9	17	6	9	5	3	6	3	2
DAN	168	3	13	18	21	16	10	3	5	10	14	34	21
NOR	459	23	29	38	26	14	35	42	43	47	67	62	33
TOR	105	2	11	8	6	13	7	7	8	20	9	10	4
WAR	1	0	0	0	0	0	0	0	1	0	0	0	0
WER	74	9	3	8	7	7	5	5	10	1	8	6	5
Total	894	48	68	76	69	67	63	66	72	81	104	115	65

Total Hours by Month



	S-18	O-18	N-18	D-18	J-19	F-19	M-19	A-19	M-19	J-19	J-19	A-19	S-19
■ Mechanical Restraint	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
■ Physical Restraint	2.36	0.85	1.39	1.87	1.87	3.63	2.41	2.6	3.31	1.17	2.66	5.83	2.59

■ Mechanical Restraint
 ■ Physical Restraint
 — Linear (Mechanical Restraint)
 — Linear (Physical Restraint)

Assaults

Assaults within the state hospital system are defined as any aggressive act by a patient, involving physical contact that may or may not result in injury. Assaults can be directed at a peer, staff or any other individual. The system was designed to require an incident report (form SI-815) on any patient involved in a physical altercation regardless of who may have started the assault. Therefore, every patient-to-patient altercation will result in at least two incident reports.

Table 19 - Patient-to-Patient Assaults by Unit, All Levels of Care

ABV	WARD	Cnt	ABV	WARD	Cnt	ABV	WARD	Cnt
NOR	51A2	30	NOR	10D1	8	SMO	5A	2
NOR	01C2	22	NOR	51A1	8	WAR	2NM	2
WAR	3SW	17	WER	35-2	6	WER	37-2	2
DAN	211	16	WER	37-1	6	TOR	FC2	2
DAN	311	16	WER	34-4	5	TOR	FB3	2
NOR	01C1	16	CLA	3	4	TOR	012	2
DAN	212	13	CLA	7	4	WAR	3IM	2
NOR	51C2	12	WER	35-4	4	CLA	2	2
NOR	51B2	12	WER	35-3	4	NOR	10E1	2
DAN	312	11	NOR	10D2	4	SMO	3A	1
NOR	10E2	10	NOR	51C1	4	TOR	011	1
NOR	01A1	10	NOR	51B1	4	SMO	3B	1
NOR	01A2	10	TOR	FB4	3	WAR	2SW	1
DAN	210	8	TOR	013	3	WER	37-3	1
DAN	310	8	TOR	024	3			

Table 20 - Rate of Patient-to-Patient Assaults Events with Patient Injury per 1,000 Days-of-Care

Pt.-to-Pt. Assault w/ any Injury	Civil							Forensic			S RTP
	Cla	Dan	Nor	Tor	War	Wer	Tot.	Nor	Tor	Tot.	S RTP
Sep-18	0.77	1.48	3.88	1.98	1.65	1.36	1.68	2.94	0.34	2.03	0.00
Oct-18	0.57	0.82	2.54	1.51	0.23	0.66	0.94	0.54	0.33	0.46	0.00
Nov-18	0.99	2.10	1.64	2.92	0.97	0.82	1.50	2.01	1.34	1.77	0.00
Dec-18	0.38	1.22	2.54	1.07	0.92	1.70	1.27	2.69	0.00	1.74	0.00
Jan-19	0.79	1.22	1.90	1.29	3.17	0.92	1.44	3.16	1.31	2.51	0.00
Feb-19	0.22	2.07	2.81	2.19	0.70	1.31	1.45	2.95	2.23	2.71	0.00
Mar-19	0.21	0.81	1.28	1.13	1.33	0.65	0.85	4.74	0.00	3.28	0.00
Apr-19	1.08	1.06	2.62	1.85	0.69	1.32	1.36	3.78	1.36	3.06	0.00
May-19	0.21	0.61	3.38	1.12	0.68	1.26	1.11	3.83	0.66	2.90	1.18
Jun-19	0.22	1.27	2.81	0.92	0.71	1.16	1.11	4.43	0.00	3.15	0.00
Jul-19	0.64	1.24	3.91	0.66	1.38	1.51	1.45	5.10	0.66	3.81	0.00
Aug-19	0.44	1.23	3.30	1.35	0.71	0.51	1.09	4.85	0.33	3.53	0.00
Sep-19	0.69	1.48	6.55	0.93	0.47	0.52	1.47	2.51	0.66	1.97	0.00

Table 21 - Patient-to-Staff Assault Events by Unit, All Levels of Care

ABV	WARD	Cnt
DAN	312	10
DAN	212	8
WAR	2SW	8
DAN	310	7
DAN	311	7
WER	35-2	4
WAR	3SW	4
NOR	51A2	3
DAN	211	3

ABV	WARD	Cnt
CLA	6	2
NOR	01A2	2
CLA	3	2
NOR	51A1	2
TOR	FB3	2
WER	34-4	2
WER	37-2	1
NOR	51C1	1
NOR	10D2	1

ABV	WARD	Cnt
NOR	01C2	1
NOR	01C1	1
SMO	3A	1
NOR	01A1	1
SMO	6B	1
TOR	024	1
WAR	3IM	1
WER	34-1	1
NOR	51B2	1

Table 22 - Rate of Patient-to-Staff Assault Events with Injury to Staff per 1,000 Days-of-Care

Pt/Staff Assault w/ Staff Inj per 1K days	Civil							Forensic			S RTP
	Cla	Dan	Nor	Tor	War	Wer	Tot.	Nor	Tor	Tot.	S RTP
Sep-18	0.19	0.21	0.32	0.22	2.36	0.68	0.65	0.55	1.02	0.72	0.00
Oct-18	0.38	0.61	0.32	1.73	0.93	0.66	0.77	0.54	0.33	0.46	0.00
Nov-18	0.40	0.42	0.33	0.00	3.65	0.82	0.90	0.55	0.33	0.47	0.00
Dec-18	0.96	0.61	0.32	0.21	1.38	0.79	0.74	1.25	0.33	0.93	0.59
Jan-19	0.59	1.22	0.32	0.86	0.45	0.00	0.54	0.35	0.33	0.34	0.00
Feb-19	0.67	0.46	0.35	1.22	0.93	0.73	0.74	0.00	0.00	0.00	0.65
Mar-19	0.21	0.00	0.00	0.23	0.00	0.52	0.20	0.46	0.00	0.32	0.65
Apr-19	1.30	0.00	1.31	0.46	0.69	0.53	0.66	0.15	0.34	0.20	0.00
May-19	0.00	0.20	0.31	0.67	0.45	0.51	0.37	0.82	0.00	0.58	0.59
Jun-19	0.43	0.63	0.31	0.23	0.24	0.52	0.42	0.69	0.68	0.69	0.00
Jul-19	0.21	0.41	0.00	0.22	0.46	0.25	0.27	0.67	0.66	0.67	0.57
Aug-19	0.00	0.00	0.30	1.58	0.24	0.51	0.44	0.94	0.33	0.76	0.00
Sep-19	0.00	0.00	0.89	0.23	0.71	0.39	0.35	0.28	0.66	0.39	0.00

Table 23 - Risk Adjusted Safety Indicators

Sep-19	Civil							Forensic					
Month	Cla	Dan	Nor	Tor	War	Wer	C. Tota	Nor	Tor	F. Total	LTC	SRTP	System
Patient Days	4360	4740	3357	4284	4251	7624	28616	7169	3009	10178	4040	1725	44559
Census	145	158	119	144	142	255	963	246	102	348	136	60	1507
Safety Indicators													
Type 1 Falls (count)	3	2	2	5	0	14	26	3	1	4	7	2	39
Num Per 1,000 Pt Days	0.69	0.42	0.60	1.17	0.00	1.84	0.91	0.42	0.33	0.39	1.73	1.16	0.88
Total Falls (count)	12	32	6	10	19	35	114	10	3	13	18	3	148
Num Per 1,000 Pt Days	2.75	6.75	1.79	2.33	4.47	4.59	3.98	1.39	1.00	1.28	4.46	1.74	3.32
PT:PT Assaults w/Injury(count)	3	7	22	4	2	4	42	18	2	20	1	0	63
Num Per 1,000 Pt Days	0.69	1.48	6.55	0.93	0.47	0.52	1.47	2.51	0.66	1.97	0.25	0.00	1.41
Total PT:PT Assault Events (count)	10	72	58	9	22	28	199	80	7	87	4	0	290
Num Per 1,000 Pt Days	2.29	15.19	17.28	2.10	5.18	3.67	6.95	11.16	2.33	8.55	0.99	0.00	6.51
PT:Staff Assaults w/Injury(count)	0	0	3	1	3	3	10	2	2	4	0	0	14
Num Per 1,000 Pt Days	0.00	0.00	0.89	0.23	0.71	0.39	0.35	0.28	0.66	0.39	0.00	0.00	0.31
Total PT:Staff Assault Events (count)	4	35	5	1	13	8	66	7	2	9	2	0	77
Num Per 1,000 Pt Days	0.92	7.38	1.49	0.23	3.06	1.05	2.31	0.98	0.66	0.88	0.50	0.00	1.73
SIB Events (count)	3	26	2	17	36	16	100	4	0	4	0	1	105
Num Per 1,000 Pt Days	0.69	5.49	0.60	3.97	8.47	2.10	3.49	0.56	0.00	0.39	0.00	0.58	2.36
Total Physical Restraint Hours	0.08	1.33	0.2	0.1	0	0.24	1.95	0.45	0.13	0.583		0.05	2.59
Num Per 1,000 Pt Days	0.02	0.28	0.06	0.02	0.00	0.03	0.07	0.06	0.04	0.06		0.03	0.06
Medication Measures													
Benzodiazepines	85	77	67	43	67	75	414	11	12	23		8	445
Percentage of Census	0.59	0.49	0.56	0.30	0.47	0.29	0.43	0.04	0.12	0.07		0.13	0.30
Multiple Atypicals	20	36	7	43	49	48	203	21	17	38		0	241
Percentage of Census	0.14	0.23	0.06	0.30	0.35	0.19	0.21	0.09	0.17	0.11		0.00	0.16
Typical- Atypical	35	46	52	56	29	126	344	62	31	93		0	437
Percentage of Census	0.24	0.29	0.44	0.39	0.20	0.49	0.36	0.25	0.30	0.27		0.00	0.29

Wellness Indicators

The National Association of State Mental Health Program Directors (NASMHPD) issued a report in October 2006 about mortality and morbidity in people with serious mental illness (SMI). According to Mental Health America's *Survey of People with Schizophrenia and Providers* (www.mentalhealthamerica.net), the NASMHPD report revealed that people with SMI die on average 25 years earlier than the general population. The major natural causes of death for people with SMI are heart disease, diabetes, respiratory disease and infectious disease. Many of the risk factors for these diseases are modifiable. Beginning June 2008, the state began compiling and comparing data on the number of tobacco users (Table 24) in our state hospitals.

Table 24 - Tobacco Users on Last Day of Month Civil and Long Term Care

Month	Tobacco Users	CLA	DAN	NOR	TOR	WAR	WER	Civil Total	LTC	System Total
Oct-18	Total Users	0	0	23	36	51	0	110	10	120
	% of Census	0%	0%	23%	23%	36%	0%	11%	7%	8%
Feb-19	Total Users	0	0	0	0	0	0	0	9	9
	% of Census	0%	0%	0%	0%	0%	0%	0%	7%	1%
Jun-19	Total Users	0	0	0	0	0	0	0	9	9
	% of Census	0%	0%	0%	0%	0%	0%	0%	7%	1%
Sep-19	Total Users	0	0	0	0	0	0	0	9	9
	% of Census	0%	0%	0%	0%	0%	0%	0%	7%	1%

Between July 2018 and December 2018 all six State Mental Hospitals became tobacco free campuses.

Table 25 - Reasons for Hospitalizations as the Result of an Incident, All Levels of Care

The Risk Management System requires that an incident report form be completed anytime a person is transported from a state hospital to an acute care hospital. This includes if the person was only seen in the emergency room, received diagnostic tests and/or was actually admitted. It does **not** include hospitalizations for a preplanned procedure, test or surgery.

Cause	CLA	DAN	NOR	TOR	WAR	WER	Count
Accident-Injury						1	1
Assault, Pt./Pt		2	3				5
Change in Medical Status-Stabilized			1				1
Change in Medical Status-Transferred	2	3	6	3	5	9	28
Community Incident		1					1
Fall Type 1-Injury with treatment		1	1				2
Fall Type 2-No treatment needed		2					2
Other		7		1			8
Seizure	1	1				1	3
Self-Injurious behavior	1	4			4	1	10
Totals	4	21	11	4	9	12	61

Medication Measures

Beginning in September 2008 the OMHSAS Bureau of Community and Hospital Operations identified the following three medication measures for inclusion in this monthly report. The table information is compiled from the QS1 pharmacy software and reflects the unique count of the number of people served at each hospital on the last day of the month for each measure.

Table 26 - Benzodiazepines

Measure Definition: *Benzodiazepines refers to the number of unique patients served at each hospital, by level-of-care, who have an active, straight order for any benzodiazepine medication on the last day of each month.*

BZD								Forensic			SRTP	Sys
M/Y	Cl	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Nov-18	98	61	66	58	81	76	440	19	6	25	10	475
Feb-19	99	69	67	56	80	79	450	16	11	27	9	486
May-19	90	75	65	55	74	88	447	11	10	21	8	476
Sep-19	85	77	67	43	67	75	414	11	12	23	8	445

Table 27 - Multiple Atypicals

Measure Definition: *Multiple Atypicals refers to the number of unique patients served at each hospital, by level-of-care, who have an active, straight order for two or more atypical antipsychotic medications on the last day of each month.*

Multiple Atypicals								Forensic			SRTP	Sys
M/Y	Cl	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Nov-18	7	37	6	58	44	46	198	14	7	21	0	219
Feb-19	5	46	4	49	52	52	208	16	10	26	0	234
May-19	11	38	4	39	47	49	188	16	21	37	0	225
Sep-19	20	36	7	43	49	48	203	21	17	38	0	241

Table 28 - Typical-Atypical

Measure Definition: *Typical-Atypicals refers to the number of unique patients served at each hospital, by level-of-care, who have an active, straight order for a typical and an atypical antipsychotic medication on the last day of each month.*

Typical - Atypical								Forensic			SRTP	Sys
M/Y	Cl	Dan	Nor	Tor	War	Wer	Total	Nor	Tor	Cnt	Tor	Total
Nov-18	18	63	39	48	29	126	323	61	27	88	0	411
Feb-19	20	60	57	52	32	121	342	66	24	90	0	432
May-19	34	48	54	56	36	126	354	62	31	93	0	447
Sep-19	35	46	52	56	29	126	344	62	31	93	0	437

Table 29 - STAT Medication Usage – Civil

Measure Definition: *STAT medication are counted as psychiatric medications that have been administered. If two STAT medications are administered, it is counted as one event. Each STAT medication event is documented by “Route of Administration” and “Requested by”. This measure includes all levels of care.*

CLARKS SUMMIT (FY 2019-20)							
Month	Total Number of STATs	Route of Admin			Requested by:		
		PO	IM	PEG Tube:	Indv	MD/DO	RN
Sep-19	86	73	12	1	27	47	12

DANVILLE (FY 2019-20)							
Month	Total Number of STATs	Route of Admin			Requested by:		
		PO	IM	Peg Tube:	Indv	MD/OD	RN
Sep-19	198	99	99	0	67	0	131

NORRISTOWN - CIVIL (FY 2019-20)							
Month	Total Number of STATs	Route of Admin			Requested by:		
		PO	IM	Peg Tube:	Indv	MD/DO	RN
Sep-19	55	25	30	0	4	2	48

TORRANCE - CIVIL (FY 2019-20)							
Month	Total Number of STATs	Route of Admin			Requested by:		
		PO	IM	Peg Tube:	Indv	MD/DO	RN
Sep-19	69	37	32	0	11	18	40

WARREN (FY 2019-20)							
Month	Total Number of STATs	Route of Admin			Requested by:		
		PO	IM	Peg Tube	Indv	MD/DO	RN
Sep-19	111	64	42	5	25	20	66

WERNERSVILLE (FY 2019-20)							
Month	Total Number of STATs	Route of Admin			Requested by:		
		PO	IM	Peg Tube:	Indv	MD/DO	RN
Sep-19	106	78	28	0	26	38	42

Table 30 - STAT Medication Usage – Forensic

NORRISTOWN - FORENSIC (FY 2019-20)							
Month	Total Number of STATs	Route of Admin			Requested by:		
		PO	IM	Peg Tube/oth	Indv	MD/DO	RN
Sep-19	292	107	183	0	24	64	204

TORRANCE - FORENSIC (FY 2019-20)							
Month	Total Number of STATs	Route of Admin			Requested by:		
		PO	IM	Peg Tube:	Indv	MD/DO	RN
Sep-19	95	30	65	0	18	26	51

Table 31 - STAT Medication Usage – ACT 21 (SRTP)

TORRANCE - ACT 21 (FY 2019-20)							
Month	Total Number of STATs	Route of Admin			Requested by:		
		PO	IM	Peg Tube:	Indv	MD/DO	RN
Sep-19	31	15	16	0	13	6	12